

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	1					
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		4				
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19	1					
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25	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	7					
TOTAL CLAIMS	71					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						